We claim:

1.   A method for allowing a user to select healthcare services, comprising the steps of:

        receiving personal information data from the user, wherein the personal

5   information data comprises a user identifier and a financial parameter;

        providing a list comprising a plurality of healthcare service providers to the

user;

        receiving a selection of a healthcare services panel from the user

comprising at least one of the healthcare service providers;

10   determining a healthcare services package based on the user's selection

and the financial parameter; and

        providing the determined healthcare services package to the user for

selection of the healthcare services package.

15   2.   The method of claim 1, wherein the personal information data further

comprises a sponsor identifier.

3.   The method of claim 2, wherein the sponsor identifier identifies an

employer of the user.

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4.   The method of claim 3, wherein the financial parameter comprises an

amount of healthcare benefits available from the employer.

5.   The method of claim 2, wherein the sponsor identifier identifies a

healthcare administration company associated with the user.

5   6.   The method of claim 5, wherein the financial parameter comprises an

amount of healthcare benefits available from the healthcare administration company

associated with the user.

7.   The method of claim 2, wherein the sponsor identifier identifies the user.

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8.   The method of claim 7, wherein the financial parameter comprises an

amount of healthcare costs identified by the user.

9.   The method of claim 7, wherein the financial parameter represents that

15   the user is soliciting price estimates.

10.   The method of claim 1, further comprising the step of receiving a selection

of an anchor provider by the user, wherein the list is provided to the user based on the

anchor provider.

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11.   The method of claim 1, further comprising the step of receiving a selection of an anchor provider by the user, wherein the list is provided to the user based on a predefined criteria associated with the anchor provider.

5   12.   The method of claim 11, wherein the predefined criteria comprises one of the group consisting of: price, quality, ratings, ranking, location, time, distance and hospital affiliation.

13.   The method of claim 1, further comprising the step of receiving a selection

10   of a predefined criteria from the user wherein the list is provided to the user based on the predefined criteria.

14.   The method of claim 13, wherein the predefined criteria comprises one of the group consisting of: price, quality, ratings, ranking, location, time, distance and

15   hospital affiliation.

15.   The method of claim 1, wherein the personal information data further comprises an identification of a plurality of individuals to be associated with the healthcare services package.

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16.   The method of claim 15, wherein a healthcare services panel is selected by the user for each of the plurality of individuals, and wherein the healthcare services package is further determined based on the healthcare services panel of each of the plurality of individuals.

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17.   The method of claim 1, wherein each healthcare service provider is associated with an individual cost and an umbrella policy credit and the personal information data further comprises an uncredited umbrella policy cost, and wherein the step of determining the healthcare services package further comprises the steps of:

10   aggregating the individual costs of each healthcare service provider on the healthcare services panel;

aggregating the umbrella policy credits of each healthcare service provider on the healthcare services panel;

calculating a difference between the uncredited umbrella policy cost and

15   the aggregated amount of umbrella policy credits, wherein the difference represents a credited umbrella policy cost; and

determining the healthcare services package based on a sum of the aggregated individual costs and the credited umbrella policy cost.

18.   The method of claim 16, wherein each healthcare service provider is associated with an individual cost and an umbrella policy credit and the personal information data further comprises an uncredited umbrella policy cost, and wherein the step of determining the healthcare services package further comprises the steps of:

5   aggregating the individual costs of each healthcare service provider on the healthcare services panel of each of the plurality of individuals;

aggregating the umbrella policy credits of each healthcare service provider on the healthcare services panel of each of the plurality of individuals;

calculating a difference between the uncredited umbrella policy cost and

10   the aggregated amount of umbrella policy credits, wherein the difference represents a credited umbrella policy cost; and

determining the healthcare services package based on a sum of the aggregated individual costs and the credited umbrella policy cost.

15   19.   The method of claim 17, wherein the personal information data further comprises an amount of deductible on an umbrella policy, and wherein the step of determining the healthcare services package is further based on the amount of deductible.

20.   The method of claim 18, wherein the personal information data further comprises an amount of deductible on an umbrella policy for each individual, and wherein the step of determining the healthcare services package is further based on the

5   amounts of deductible.

21.   A method for allowing a healthcare service provider to offer healthcare services, comprising the steps of:

          receiving information data from the healthcare service provider, wherein

10   the information data comprises a provider identifier and a rate parameter;

          providing the information data to a plurality of users for selection by the users;

          providing a list to the healthcare service provider comprising the plurality of users that selected the healthcare provider; and

15   providing a payment to the healthcare service provider based on the rate parameter.

22.   The method of claim 21, wherein the information data further comprises a location and a hospital affiliation of the healthcare service provider.

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23.   The method of claim 21, wherein the information data further comprises an identification of services included in the rate parameter.

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24.   The method of claim 21, wherein the information data further comprises a referral panel.

25.   The method of claim 21, wherein the rate parameter comprises a fixed

5   rate and at least one amount of co-payment.

26.   A system for allowing a user to select healthcare services, comprising:

means for receiving personal information data from the user, wherein the personal information data comprises a user identifier and a financial parameter;

10   means for providing a list comprising a plurality of healthcare service providers to the user;

means for receiving a selection of a healthcare services panel from the user comprising at least one of the healthcare service providers;

means for determining a healthcare services package based on the user's

15   selection and the financial parameter; and

means for providing the determined healthcare services package to the user for selection of the healthcare services package.

27.   The system of claim 26, wherein the personal information data further

20   comprises a sponsor identifier.

28.   The system of claim 27, wherein the sponsor identifier identifies an employer of the user.

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29.   The system of claim 28, wherein the financial parameter comprises an amount of healthcare benefits identified by the employer.

5   30.   The system of claim 27, wherein the sponsor identifier identifies a healthcare administration company associated with the user.

31.   The system of claim 30, wherein the financial parameter comprises an amount of healthcare benefits available from the healthcare administration company

10 associated with the user.

32.   The system of claim 27, wherein the sponsor identifier identifies the user.

33.   The system of claim 32, wherein the financial parameter comprises an

15 amount of healthcare costs identified by the user.

34.   The system of claim 32, wherein the financial parameter represents that the user is soliciting price estimates.

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35.   The system of claim 26, further comprising means for receiving a selection of an anchor provider by the user, wherein the list is provided to the user based on the anchor provider.

5   36.   The system of claim 26, further comprising means for receiving a selection of an anchor provider by the user, wherein the list is provided to the user based on a predefined criteria associated with the anchor provider.

37.   The system of claim 36, wherein the predefined criteria comprises one of

10   the group consisting of: price, quality, ratings, ranking, location, time, distance and hospital affiliation.

38.   The system of claim 26, further comprising means for receiving a selection of a predefined criteria from the user wherein the list is provided to the user based on

15   the predefined criteria.

39.   The system of claim 38, wherein the predefined criteria comprises one of the group consisting of: price, quality, ratings, ranking, location, time, distance and hospital affiliation.

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40.   The system of claim 26, wherein the personal information data further comprises an identification of a plurality of individuals to be associated with the healthcare services package.

5   41.   The system of claim 40, wherein a healthcare services panel is selected by the user for each of the plurality of individuals, and wherein the healthcare services package is further determined based on the healthcare services panel of each of the plurality of individuals.

10   42.   The system of claim 26, wherein each healthcare service provider is associated with an individual cost and an umbrella policy credit and the personal information data further comprises an uncredited umbrella policy cost, and wherein the means for determining the healthcare services package further comprises:

means for aggregating the individual costs of each healthcare service

15   provider on the healthcare services panel;

means for aggregating the umbrella policy credits of each healthcare service provider on the healthcare services panel;

means for calculating a difference between the uncredited umbrella policy cost and the aggregated amount of umbrella policy credits, wherein the difference

20   represents a credited umbrella policy cost; and

means for determining the healthcare services package based on a sum of the aggregated individual costs and the credited umbrella policy cost.

43.   The system of claim 41, wherein each healthcare service provider is associated with an individual cost and an umbrella policy credit and the personal information data further comprises an uncredited umbrella policy cost, and wherein the

5   means for determining the healthcare services package further comprises:

means for aggregating the individual costs of each healthcare service provider on the healthcare services panel of each of the plurality of individuals;

means for aggregating the umbrella policy credits of each healthcare service provider on the healthcare services panel of each of the plurality of individuals;

10   means for calculating a difference between the uncredited umbrella policy cost and the aggregated amount of umbrella policy credits, wherein the difference represents a credited umbrella policy cost; and

means for determining the healthcare services package based on a sum of the aggregated individual costs and the credited umbrella policy cost.

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44.   The system of claim 42, wherein the personal information data further comprises an amount of deductible on an umbrella policy, and wherein the means for determining the healthcare services package is further based on the amount of deductible.

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45.   The system of claim 43, wherein the personal information data further comprises an amount of deductible on an umbrella policy for each individual, and wherein the means for determining the healthcare services package is further based on the amounts of deductible.

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46.   A system for allowing a healthcare service provider to offer healthcare services, comprising:

means for receiving information data from the healthcare service provider, wherein the information data comprises a provider identifier and a rate parameter;

15   means for providing the information data to a plurality of users for selection by the users;

means for providing a list to the healthcare service provider comprising the plurality of users that selected the healthcare provider; and

means for providing a payment to the healthcare service provider based 20 on the rate parameter.

47.   The system of claim 46, wherein the information data further comprises a location and a hospital affiliation of the healthcare service provider.

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48.   The system of claim 46, wherein the information data further comprises an identification of services included in the rate parameter.

5   49.   The system of claim 46, wherein the information data further comprises a referral panel.

50.   The system of claim 46, wherein the rate parameter comprises a fixed rate and at least one amount of co-payment.

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51.   A computer program for allowing a user to select healthcare services, comprising:

first program means for receiving personal information data from the user, wherein the personal information data comprises a user identifier and a financial

15   parameter;

second program means for providing a list comprising a plurality of healthcare service providers to the user;

third program means for receiving a selection of a healthcare services panel from the user comprising at least one of the healthcare service providers;

20   fourth program means for determining a healthcare services package based on the user's selection and the financial parameter; and

fifth program means for providing the determined healthcare services package to the user for selection of the healthcare services package.

52.   A computer program for allowing a healthcare service provider to offer

healthcare services, comprising:

first program means for receiving information data from the healthcare

5   service provider, wherein the information data comprises a provider identifier and a rate

parameter;

second program means for receiving information data from the healthcare

service provider, wherein the information data comprises the healthcare service

provider's referral panel;

10   third program means for receiving information data from the healthcare

service provider, wherein the information data comprises the services included in the

rate parameter;

fourth program means for providing the information data to a plurality of

users for selection by the users;

15   fifth program means for providing a list to the healthcare service provider

comprising the plurality of users that selected the healthcare provider; and

sixth program means for providing a payment to the healthcare service

provider based on the rate parameter.

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